

Reserve Deputy Probation Officer Program Los Angeles County Probation Department

Instructions to Applicants:

The information you provide in this personal history statement will be used in the investigation into your background to assist in determining your suitability for the position of Reserve Deputy Probation Officer (RDPO). Please fill out the questionnaire **completely** and **accurately**. There are some duplicates of various attached forms. Please fill **all** forms whether they are duplicated or not.

Please keep in mind that:

1. All statements are subject to verification.
2. Deliberate inaccuracies or incomplete information may bar you or remove you from appointment. **Be sure to include all addressed with ZIP codes.**
3. All time periods in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor(s) in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence(s) and the degree of relevance to the job for which you have applied. For example being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding their occurrence(s). An evaluation will then be made of the relevance of these facts to the requirements of the position.

NOTE: In completing Section VII (Arrest Information), you need not list an arrest and/or conviction when the record of such an incident has been sealed in accordance with Ca. Penal Code section 1203.45, 851.7 or 851.8; nor do you need to list an arrest or conviction if your record has been **expunged** or is **expungeable** pursuant to Ca. Health and Safety Code section 11361.5. However, you must list the arrest and/or conviction if you have received a **release** (per section 1203.4 or 1203.4a of the Penal Code or Welfare and Institutions Code section 1179 pr 1172), or a **pardon** under section 4852.16 of the Penal Code.

All applicants **must** print in **black ink** or **type** your responses to this questionnaire. If you need more space to respond to a question, please attach a separate sheet and identify the additional information by question number. Any additional sheets must be signed.

APPLICANTS MUST SUBMIT PROOF OF THE FOLLOWING AT THE TIME OF INTERVIEW:

- PROOF OF U.S. CITIZENSHIP (Bring all that is applicable)
 - Birth Certificate or Certified Copy of Birth Certificate or Valid U.S. Passport
- VALID CALIFORNIA DRIVER'S LICENSE
- SOCIAL SECURITY CARD
- VERIFICATION OF VALID CAR INSURANCE
- OFFICIAL COLLEGE/UNIVERSITY TRANSCRIPTS (CERTIFIED AND SEALED IN ENVELOPE)
- SELECTIVE SERVICE DRAFT REGISTRATION CARD (MALES BORN AFTER 01/01/60)
- DD214 FORM (IF YOU HAVE HAD MILITARY SERVICE)
- YOUR LAST TWO PERFORMANCE EVALUATIONS (IF YOU ARE CURRENTLY WORKING FOR THE COUNTY OF LOS ANGELES)

I have read and understand these instructions. _____
(Signature) (Date)

PLEASE RETURN THIS FORM WITH THE APPLICATION

RESERVE DEPUTY PROBATION OFFICER APPLICATION

SECTION I PERSONAL INFORMATION

THE FOLLOWING INFORMATION IS REQUESTED OF YOU FOR VERIFICATION AND CONTACT PURPOSES

1. YOUR NAME (PLEASE PRINT IN INK)												
<i>Last</i>		<i>First</i>		<i>Middle</i>								
Other names (including nicknames) you have used or been known by:												
2. PLEASE LIST ADDRESS AT WHICH YOU CAN BE CONTACTED (mailing address)												
<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>								
3. PLEASE LIST THE LOCAL TELEPHONE NUMBER(S) AT WHICH YOU CAN BE CONTACTED:			() -	() -								
			PAGER NUMBER () -	CELL PHONE NUMBER () -								
HOURS YOU CAN BE CONTACTED:			FROM TO	FROM TO								
4. BIRTHDATE		5. U.S. CITIZENSHIP IS REQUIRED FOR THIS POSITION. CAN YOU PROVIDE SUCH DOCUMENTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO NATURALIZATION # _____ IF NO, ALIEN REGISTRATION NUMBER: _____										
<i>Month</i>	<i>Day</i>				<i>Year</i>							
6. SOCIAL SECURITY NUMBER												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><i>Height</i></td> <td style="text-align: center;"><i>Weight</i></td> <td style="text-align: center;"><i>Hair Color</i></td> <td style="text-align: center;"><i>Eye Color</i></td> </tr> <tr> <td colspan="4">Scars, tattoos, or other distinguishing marks; list all and describe.</td> </tr> </table>					<i>Height</i>	<i>Weight</i>	<i>Hair Color</i>	<i>Eye Color</i>	Scars, tattoos, or other distinguishing marks; list all and describe.			
<i>Height</i>	<i>Weight</i>	<i>Hair Color</i>	<i>Eye Color</i>									
Scars, tattoos, or other distinguishing marks; list all and describe.												
8. PLEASE SUPPLY THE APPROPRIATE INFORMATION IN THE SPACES PROVIDED BELOW.												
NAME OF YOUR		ADDRESS WHERE PERSON CAN BE CONTACTED (INCLUDE CITY, STATE AND ZIP CODE)		TELEPHONE AT WHICH PERSON CAN BE CONTACTED								
<i>Father</i>	<input type="checkbox"/> <i>Living</i> <input type="checkbox"/> <i>Deceased</i>	<input type="checkbox"/> <i>Home</i> <input type="checkbox"/> <i>Work</i> <input type="checkbox"/> <i>Other</i>	<input type="checkbox"/> <i>Home</i> <input type="checkbox"/> <i>Work</i> <input type="checkbox"/> <i>Other</i>									
<i>Mother</i>	<input type="checkbox"/> <i>Living</i> <input type="checkbox"/> <i>Deceased</i>	<input type="checkbox"/> <i>Home</i> <input type="checkbox"/> <i>Work</i> <input type="checkbox"/> <i>Other</i>	<input type="checkbox"/> <i>Home</i> <input type="checkbox"/> <i>Work</i> <input type="checkbox"/> <i>Other</i>									
<i>Spouse</i>	<input type="checkbox"/> <i>Married</i> <input type="checkbox"/> <i>Divorced</i> <input type="checkbox"/> <i>N/A</i>	<input type="checkbox"/> <i>Home</i> <input type="checkbox"/> <i>Work</i> <input type="checkbox"/> <i>Other</i>	<input type="checkbox"/> <i>Home</i> <input type="checkbox"/> <i>Work</i> <input type="checkbox"/> <i>Other</i>									
9. LIST ALL OF YOUR CHILDREN (INCLUDE – STEP CHILDREN, ADOPTED CHILDREN, ETC.)												
NAME			PRESENTLY LIVING WITH YOU?									
			YES	NO								

SECTION II RESIDENCE INFORMATION

LIST ALL RESIDENCES FOR LAST 5 YEARS. START WITH CURRENT LOCATION. IF MORE SPACE IS NEEDED ATTACH AN ADDITIONAL SHEET.

FROM		TO							
Mo.	Yr.	Mo.	Yr.	Number	Street	Apt. No.	City	State	Zip Code

SECTION III EDUCATION INFORMATION**1. LIST HIGH SCHOOL GRADUATED FROM OR LAST ATTENDED**

NAME OF SCHOOL	CITY AND STATE	ATTENDANCE DATES		GRAD?	CALIF. PROFICIENCY TEST OR GED?	
		FROM	TO		YES	WHEN TAKEN

2. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED INCLUDING POST GRADUATE WORK

NAME OF SCHOOL	CITY AND STATE	ATTENDANCE DATES		MAJOR	UNITS EARNED	DEGREE
		FROM	TO			

SECTION IV EMPLOYMENT INFORMATION

1. BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT, PLEASE LIST ALL JOBS (INCLUDING PART-TIME, TEMPORARY, AND VOLUNTARY POSITIONS) YOU HAVE HELD IN THE PAST TEN (10) YEARS. IF YOU HAVE HAD ANY INTERVENING PERIODS OF MILITARY SERVICE, UNEMPLOYMENT, OR SCHOOLING, PLEASE LIST THOSE PERIODS IN SEQUENCE IN THE SPACES PROVIDED. ALL TIME PERIODS MUST BE ACCOUNTED FOR.

FROM		TO		Employer's Name <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Employer's Address			
Month	Year	Month	Year		City	State	Zip Code	Telephone No. ()
				Job Title	Duties			
Hrs. per Week		Salary		Supervisor's Name	Reason for Leaving			

IF A CONTACT WERE MADE AT THIS TIME WITH THIS EMPLOYER, WOULD IT JEOPARDIZE YOUR POSITION? ☐ YES ☐ NO

COMMENT:

FROM		TO		Employer's Name <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Employer's Address			
Month	Year	Month	Year		City	State	Zip Code	Telephone No. ()
				Job Title	Duties			
Hrs. per Week		Salary		Supervisor's Name	Reason for Leaving			

FROM		TO		Employer's Name <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Employer's Address			
Month	Year	Month	Year		City	State	Zip Code	Telephone No. ()
				Job Title	Duties			
Hrs. per Week		Salary		Supervisor's Name	Reason for Leaving			

FROM		TO		Employer's Name <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Employer's Address			
Month	Year	Month	Year		CITY	State	Zip Code	Telephone No. ()
				Job Title	Duties			
Hrs. per Week		Salary		Supervisor's Name	Reason for Leaving			

FROM		TO		Employer's Name <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Employer's Address			
Month	Year	Month	Year		City	State	Zip Code	Telephone No. ()
				Job Title	Duties			
Hrs. per Week		Salary		Supervisor's Name	Reason for Leaving			

FROM		TO		Employer's Name <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Employer's Address			
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Telephone No.</i> ()
				Job Title	Duties			
<i>Hrs. per Week</i>		<i>Salary</i>		Supervisor's Name	Reason for Leaving			

FROM		TO		Employer's Name <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Employer's Address			
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Telephone No.</i> ()
				Job Title	Duties			
<i>Hrs. per Week</i>		<i>Salary</i>		Supervisor's Name	Reason for Leaving			

FROM		TO		Employer's Name <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Employer's Address			
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Telephone No.</i> ()
				Job Title	Duties			
<i>Hrs. per Week</i>		<i>Salary</i>		Supervisor's Name	Reason for Leaving			

FROM		TO		Employer's Name <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Employer's Address			
<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Telephone No.</i> ()
				Job Title	Duties			
<i>Hrs. per Week</i>		<i>Salary</i>		Supervisor's Name	Reason for Leaving			

2. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? ☐ YES ☐ NO

 If yes, identify employer and explain.

3. IF YOU HAVE HAD NO PRIOR EMPLOYMENT, PLEASE EXPLAIN IN THE SPACE BELOW.

4. HAVE YOU EVER FILED FOR AN EXAMINATION WITH THIS DEPARTMENT AND/OR ANY CRIMINAL JUSTICE AGENCY? ☐ YES ☐ NO

<i>Date Filed</i>	<i>Department or Agency</i>	<i>Position Applied For</i>	<i>Results</i>
<i>ADDRESS</i>		<i>Street Number</i>	<i>Street</i>
		<i>City</i>	<i>State</i>
		<i>Zip Code</i>	

<i>Date Filed</i>	<i>Department or Agency</i>	<i>Position Applied For</i>	<i>Results</i>
<i>ADDRESS</i>		<i>Street Number</i>	<i>Street</i>
		<i>City</i>	<i>State</i>
		<i>Zip Code</i>	

<i>Date Filed</i>	<i>Department or Agency</i>	<i>Position Applied For</i>	<i>Results</i>
<i>ADDRESS</i>		<i>Street Number</i>	<i>Street</i>
		<i>City</i>	<i>State</i>
		<i>Zip Code</i>	

<i>Date Filed</i>	<i>Department or Agency</i>	<i>Position Applied For</i>	<i>Results</i>
<i>ADDRESS</i>		<i>Street Number</i>	<i>Street</i>
		<i>City</i>	<i>State</i>
		<i>Zip Code</i>	

SECTION V MILITARY INFORMATION**1. LIST ALL ENLISTMENTS IN THE ARMED FORCES**

<i>Enlistment Date</i>	<i>Branch of Service</i>	<i>Unit Medical Corps. Engineers, etc.</i>	<i>Rate/Rank</i>	<i>Serial Number</i>
<i>Discharge Date</i>	<i>Highest Rank</i>	<i>Rate Rank of Discharge</i>	<i>Type of Discharge</i>	<i>Veteran's Claim "C" Number</i>
<i>Enlistment Date</i>	<i>Branch of Service</i>	<i>Unit Medical Corps. Engineers, etc.</i>	<i>Rate/Rank</i>	<i>Serial Number</i>
<i>Discharge Date</i>	<i>Highest Rank</i>	<i>Rate Rank of Discharge</i>	<i>Type of Discharge</i>	<i>Veteran's Claim "C" Number</i>

2. WHILE IN THE SERVICE WERE YOU EVER THE SUBJECT OF ANY DISCIPLINARY ACTION, SUCH AS COURT MARTIAL, ETC? ☐ YES ☐ NO

If yes, explain.

3. IF YOU RECEIVED DISCHARGE OTHER THAN HONORABLE, EXPLAIN REASONS BELOW.**4. LIST YOUR MILITARY RESERVE STATUS** ☐ ACTIVE ☐ INACTIVE ☐ NONE

<i>Branch of Service</i>	<i>Unit</i>	<i>Unit Address</i>	
<i>Date of Enlistment</i>	<i>End of Enlistment</i>	<i>Rate/Rank</i>	<i>Commanding Officer</i>

SECTION VI ORGANIZATIONAL INFORMATION

1. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT OR CHANGE IN OUR PROCESS OF THE LAW BY ANY MEANS OTHER THAN THE DEMOCRATIC PROCEDURES PROVIDED BY OUR PRESENT FORM OF GOVERNMENT, OR WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? ☐ YES ☐ NO

2. IF THE ANSWER TO THE ABOVE QUESTION IS "YES" LIST THE ORGANIZATION(S), ETC. BELOW.

<i>Name of Organization</i>	<i>From</i>	<i>To</i>	<i>Telephone Number</i> ()
<i>Address</i>	<i>Office Held</i>		

SECTION VI ARREST INFORMATION

1. EITHER AS AN ADULT OR A JUVENILE, HAVE YOU EVER BEEN DETAINED FOR INVESTIGATION, NAMED AS A SUSPECT IN A POLICE REPORT, HELD ON SUSPICION, QUESTIONED, FINGERPRINTED OR ARRESTED BY ANY LAW ENFORCEMENT AGENCY OR MILITARY AUTHORITY INCLUDING TRAFFIC OFFENSES RESULTING IN A WARRANT BEING ISSUED.

☐ YES☐ NO

If the answer to the above question is “yes”, list the information below and write a short narrative account of each incident.

(THE FACT THAT YOU MAY HAVE BEEN AFFECTED BY A SEALING, AN EXPUNGEMENT, A RELEASE, OR A PARDON HAS SPECIFIC LEGAL IMPLICATIONS AS TO HOW YOU SHOULD ANSWER THIS QUESTION. PLEASE SEE THE INSTRUCTION PAGE FOR A DETAILED GUIDE.)

DATE	CHARGE	ARRESTING OR DETAINING AGENCY	PENALTY

2. HAVE YOU EVER HAD A COURT CASE SEALED, EXPUNGED OR PARDONED?

☐ YES☐ NO

3. HAVE YOU EVER BEEN PLACED ON COURT PROBATION AS AN ADULT (EITHER SUMMARY OR FORMAL)?

If “yes”, please give details (including when, where, and why).

☐ YES☐ NO**SECTION VII MOTOR VEHICLE INFORMATION**

AN INVESTIGATION OF YOUR DRIVING HISTORY WILL BE MADE THROUGH A RECORD CHECK. TO EXPEDITE THIS PROCEDURE, PLEASE SUPPLY THE FOLLOWING INFORMATION:

1. CALIFORNIA DRIVER'S LICENSE NUMBER

Expiration Date

Name under which license was granted

2. PLEASE LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE.

State	Name under which license was granted	State	Name under which license was granted
State	Name under which license was granted	State	Name under which license was granted

3. HAVE YOU EVER BEEN REFUSED A DRIVERS LICENSE BY ANY STATE?

☐ YES☐ NO

If “yes”, please explain (include when, where, and why).

4. CALIFORNIA LAW REQUIRES THAT OPERATORS AND OWNERS OF MOTOR VEHICLES BE COVERED BY AUTOMOBILE LIABILITY INSURANCE OR BOND OR DEPOSIT OF \$35,000 WITH THE DEPARTMENT OF MOTOR VEHICLES. THEREFORE, PLEASE LIST THE CURRENT LIABILITY INSURANCE YOU HAVE WITH YOUR MOTOR VEHICLES.

COMPANY	ADDRESS	POLICY NUMBER	DATE OF EXPIRATION

IF YOU ARE BONDED OR HAVE DEPOSITED \$35,000 TO MEET YOUR MOTOR VEHICLE FINANCIAL RESPONSIBILITY, PLEASE INDICATE.
☐ BOND ☐ \$35,000

5. LIST EVERY VEHICLE CODE VIOLATION IN THE LAST THREE (3) YEARS, INCLUDING SEAT BELT VIOLATIONS.

DATE	CHARGE	DEPARTMENT OR AGENCY	PENALTY (FINE, PROBATION, SENTENCE, TRAFFIC SCHOOL, ETC.)

6. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, REVOKED, PLACED ON PROBATION OR HAVE YOU EVER RECEIVED A WARNING NOTICE FROM THE STATE THAT ISSUED YOUR LICENSE? ☐ YES ☐ NO
 If yes, explain:

I UNDERSTAND THAT ANY APPOINTMENT TENDERED ME WILL BE CONTINGENT UPON THE RESULTS OF A THOROUGH CHARACTER AND FITNESS INVESTIGATION, AND I AM AWARE ANY FALSE STATEMENT OR OMISSION MADE ON THIS QUESTIONNAIRE MAY CAUSE MY NAME TO BE REMOVED FROM THE ELIGIBLE LIST, OR BE CAUSE FOR IMMEDIATE DISMISSAL IF AN APPOINTMENT WAS MADE.

DATE _____ SIGNATURE _____

LOS ANGELES COUNTY PROBATION DEPARTMENT

APPLICANT DRUG QUESTIONNAIRE

❶ Have you ever used, tried, or experimented with any of the following substances, drugs, or narcotics?

		DATE		Frequency of Use
		1 st Use	Last Use	
		Mo/Yr	Mo/Yr	
Yes	No			
Marijuana, THC				
Hashish, Hash Oil				
Cocaine (Crack)				
Barbiturates (Downers)				
Amphetamines Methamphetamine Speed (Uppers)				
Heroin				
LSD (Other Hallucinogenics)				
PCP (Angel Dust)				
Opium, Morphine				
Other (Please Specify)				

❷ Have you ever purchased narcotics or drugs including marijuana without a doctor's prescription?

Yes_____ No_____

Explain: _____

❸ Have you ever sold narcotics or drugs including marijuana?

Yes_____ No_____

If "Yes", Total Profit _____

Substance _____

Number of Times _____

Last Time (date) _____

❹ Have you ever furnished, manufactured, cultivated, or possessed any drug, narcotic, or other illegal substance?

Yes_____ No_____

Substance: _____

Explain: _____

EMPLOYEE INFORMATION SHEET

COUNTY OF LOS ANGELES

1. Last Name		First Name		Middle Name		2. Social Security Number													
3. RESIDENCE – Street and Number		City, State and Zip Code		4. DO YOU HAVE A RELATIVE CURRENTLY EMPLOYED BY THE COUNTY OF LOS ANGELES <input type="checkbox"/> YES <input type="checkbox"/> NO Indicate Name, Relationship and Department below <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">Name</td> <td style="width:33%; text-align: center;">Relationship</td> <td style="width:33%; text-align: center;">Department</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>				Name	Relationship	Department									
Name	Relationship	Department																	
5. Since (Date)		Telephone ()																	
6. In Emergency Notify		Telephone Number ()																	
Street and Number		City, State																	
7. MILITARY SERVICE IN THE ARMED FORCES OF THE UNITED STATES		From	To	Serial Number															
Highest Rank or Rating		Branch		Type of Discharge															
8. INDICATE COMPUTER SOFTWARE PROGRAMS PROFICIENCY																			
9. LIST HEAVY EQUIPMENT YOU CAN OPERATE																			
10. IF THE POSITION FOR WHICH YOU ARE APPLYING REQUIRES OPERATING A VEHICLE ON THE JOB, PLEASE FURNISH			California Drivers License			Expiration Date													
11. FOREIGN LANGUAGES	CHECK			12. EDUCATION (High School or Higher) Name and Location of School	Last Grade Completed	Date Completed	College Major	Degrees											
	Read	Write	Speak																
Spanish																			
French																			
Other																			
13. PROFESSIONAL OR TECHNICAL LICENSES, PERMITS, ETC. (SHOW STATE, COUNTY OR CITY IN WHICH REGISTERED):																			
14. HAVE YOU, AS A JUVENILE OR ADULT, EVER BEEN CONVICTED, FINED, IMPRISONED, OR PLACED ON PROBATION OR A SUSPENDED SENTENCE, OR HAVE YOU FORFEITED BAIL IN CONNECTION WITH ANY OFFENSE (EXCEPT FOR TRAFFIC TICKETS INVOLVING FAULTY EQUIPMENT, PARKING, HAND OR TRAFFIC SIGNALS OR SPEEDING) IN ANY CIVIL OR MILITARY COURT OF LAW? (Include convictions dismissed under penal code 1203.4 and any major traffic offenses resulting in warrants). <input type="checkbox"/> YES <input type="checkbox"/> NO If "yes" give the following information for each offense:																			
AGE AT TIME OF ACTION	DATE		POLICE DEPARTMENT OR COURT		CHARGE	DISPOSITION													
15. HAVE YOU WORKED FOR LOS ANGELES COUNTY UNDER A DIFFERENT NAME? If so, please list:																			
16. HAVE YOU EVER BEEN CONVICTED OF A CRIME UNDER A DIFFERENT NAME? If so, please list:																			
17. I AM WILLING TO WORK THE FOLLOWING SHIFT(S). <input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Swing Shift <input type="checkbox"/> Weekend Shift																			
18. REMARKS (Identify by Box Number)																			
If you are selected for this position and are not a citizen, you will be required to submit an alien registration card.																			
PLEASE TYPEWRITE OR PRINT IN INK																			

19. EMPLOYMENT HISTORY							
Begin with present or last experience. Account for past ten years or past ten employers. (Include school, part-time and temporary positions, as well as periods of unemployment)							
From Mo – Yr	To Mo – Yr	Time In Mos.	Position or Occupation	Duties Performed in Each Employment	Wages or Salary	Name and Address of All Former Employers including Other County Departments, as well as Private Firms	Reason for Leaving *

Date

Signature of Applicant

SIGNATURE	TITLE	DEPARTMENT	DATE
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Los Angeles County Probation Department
Gang Association Questionnaire

1. Have you ever been a member of a gang? Yes ____ No ____

Explain: _____

2. Have you ever attended a gathering of any street gang? Yes ____ No ____

Explain: _____

3. Have you ever participated in any gang activity? Yes ____ No ____

Explain: _____

4. Has any member of your family ever knowingly associated with members of a street gang?

Yes ____ No ____

Explain: _____

5. Have you ever carried any weapon for protection? Yes ____ No ____

Explain: _____

